



# **JULIE LASSA**

## **STATE SENATOR**

### **PUBLIC HEARING ON SENATE BILL 27 AND ASSEMBLY BILL 16**

Joint Hearing of Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue and  
Assembly Committee on Insurance

Wednesday, March 18, 2009

10:30 am.

411 South

Chairmen Erpenbach and Cullen and members of the Health Committees,

Thank you for the opportunity to provide testimony today on Senate Bill 27 and Assembly Bill 16 and a special thanks for holding this joint hearing today on this legislation.

Every year, about 200 Wisconsin infants are born with permanent hearing loss. Sometimes, hearing loss is not detected until a child is 2, 3 or even 4 years old. Hearing loss in children affects language development, academic achievement and can lead to social isolation. Statistics have shown that most deaf and hard-of-hearing children read at a 4<sup>th</sup> grade level when they finish high school and have a 76% unemployment rate after graduation.

Hearing aids and cochlear implants greatly reduce these problems for kids. Unfortunately, Wisconsin law does not require that insurance companies cover hearing aids and cochlear implants and parents must pay out of pocket – as much as \$3,000 per hearing aid, for their children. Many children wear two hearing aids that need to be replaced about every three years, resulting in a cost of \$18,000 through their childhood.

Many families are forced to drain their savings accounts, use their children's college funds, use credit cards or take out second mortgages just to give their children a chance to overcome the obstacles they face.

Senate Bill 27 guarantees that all children up to the age of 18 who are diagnosed as deaf or hearing impaired by a physician or by a licensed audiologist licensed can receive hearing aids or cochlear implants through their parent's insurance.

Because many insurance companies don't cover the cost of cochlear implants or hearing aids, many school districts have to purchase special equipment for teachers to communicate with hearing impaired students as part of their Individual Education Plan. The costs for the equipment is passed along to taxpayers, as are special education costs because these children were not able to receive hearing aids or implants at a young enough age, as well as costs later in life for vocational rehabilitation.

Research shows that early intervention in children with hearing loss can provide a savings of \$5,000 - \$10,000 per child per year in reduced or eliminated special education services and a savings of about \$1 million per person over their lifetime. In Wisconsin, it is estimated that the lifetime costs for all people with hearing loss who were born in 2000 will total \$2.1 billion in 2003 dollars.

This bill was first introduced last session and passed the Senate on a voice vote. The legislation passed the Assembly Insurance Committee on a 10-2 vote, but was not heard on the Assembly floor. The bill before you today has a few changes that represent work that was done over the fall with parent advocates, legislators and the Audiology Association.

The bill now covers kids up to the age of 18, just like 9 out of 13 other states that provide coverage. The bill also now includes the word "and" between cochlear implants and hearing aids where before it was "or". It was brought to our attention that keeping the phrase "hearing aid or cochlear implant" would prohibit an insurance company from denying a child a cochlear implant if that child first had a hearing aid that wasn't sufficient.

The legislation now requires that cochlear implants and hearing aids be covered only when prescribed by a physician or licensed audiologist in accordance with accepted professional medical or audiological standards.

Senate Bill 27 also requires the cost of related treatment be covered for cochlear implants and hearing aids including ear molds, diagnosis, surgery, procedures and therapy provided by a health care professional. Senate Bill 88 did not include this provision.

Additionally, the bill now includes definitions of hearing aids as "externally wearable instrument or devices" and defines cochlear implants as "any implantable instrument or device that is designed to enhance hearing." These were not described in Senate Bill 88.

You may hear today some concerns from insurance companies about requiring the coverage of cochlear implants and hearing aids. I wanted to bring to the committee's attention a study that was commissioned in Texas by the House Research Organization. The study was done in 2003 by Milliman & Robertson (M&R), an actuarial firm that specializes in insurance, to evaluate the impact of 13 required health benefits. The study concluded that the direct cost of the mandates is less than the indirect costs associated with not offering them and that eliminating mandates would have little impact on the number of uninsured in Texas.

Currently, thirteen states, including Minnesota, require that insurance companies cover hearing aids. Minnesota law covers hearing aids for children under the age of 18 every three years with no monetary cap – the same as the bill you are hearing today.

I am introducing an amendment to remove language that allows an individual disability insurance policy to impose a one year pre-existing condition exclusion on coverage of hearing aids and cochlear implants. This language was a drafting error this session. Parents should be able to have portability with their insurance plans, especially at a time when the economy is forcing people in and out of jobs. Additionally, the amendment has a technical fix to make sure that all limited benefit plans are excluded from having to provide coverage under the requirement.

Representative Cullen and I will also be offering an amendment at the executive session to address a concern that the Wisconsin Association of Health Plans has about short-term bridge plans are not exempted from the cochlear implant and hearing aid requirement. Short term bridge plans are offered to consumers as a solution to bridge gaps between long-term insurance coverage plans. The plans are not underwritten, are generally inexpensive, not offered to people with pre-existing conditions and are non-renewable. Our offices will be working with the Office of the Commissioner of Insurance and the Wisconsin Association of Health Plans to

not only exempt short-term bridge plans, but also to create a statutory definition of what they entail, which is currently lacking in Wisconsin law.

The bill is supported by the American Academy of Pediatrics, the Department of Health and Family Services, the Department of Public Instruction, Disability Rights Wisconsin, the Milwaukee Police Association, the Wisconsin Association of School Boards, the Wisconsin Coalition of Independent Living Centers, the Wisconsin Council on Children and Families and the Wisconsin Speech-Language Pathology and Audiology Professional Association.

Thank you for your time and consideration of this issue. I would be happy to answer any questions that you may have.



**SENATE AMENDMENT ,  
TO 2009 SENATE BILL 27**

- 1           At the locations indicated, amend the bill as follows:
- 2           **1.** Page 4, line 18: delete "Subject to par. (c) and except as provided in par. (d)"
- 3           and substitute "Except as provided in par. (c)".
- 4           **2.** Page 5, line 12: delete the material beginning with that line and ending with
- 5           page 6, line 2.
- 6           **3.** Page 6, line 3: delete "(d)" and substitute "(c)".
- 7           **4.** Page 6, line 4: after that line insert:
- 8           "2. A disability insurance policy, or a self-insured health plan of the state or
- 9           a county, city, town, village, or school district, that provides only limited-scope dental
- 10          or vision benefits.".
- 11          **5.** Page 6, line 5: delete "2." and substitute "3.".
- 12          **6.** Page 6, line 8: delete "3." and substitute "4.".

## **Testimony in favor of passing Senate Bill 27 and Assembly Bill 16**

Presented by: Michael and Elaine Flood  
300 Wentworth Lane  
Appleton, WI 54913  
Email: floodmi@msn.com

Parents of seven year-old Tommy Flood: hard of hearing (requires two hearing aids)  
First Grader at Ferber Elementary in Appleton

### **Reasons to pass SB 27 and AB 16**

- The method of operation of the insurance industry has always been to spread the expense of a rare, known risk from a small number of people to many people. In this way, everyone pays a manageable amount so no one person pays a huge amount.
- Approximately 100 babies are born deaf or hard of hearing in Wisconsin each year. There are approximately 200 children identified as deaf or hard of hearing in Wisconsin each year. Approximately 71,000 babies are born in Wisconsin each year based on CDC statistics. Thus, approximately 0.35% of children will be identified as deaf or hard of hearing in Wisconsin each year: a relatively rare and known risk.
- Based on the insurance industry's own historical method of operation, covering the expense of hearing aids/cochlear implants for children is a completely consistent and logical request.
- It is in keeping with the growing bipartisan national talk of focusing more of our limited healthcare resources/insurance dollars on "preventative care". Several states have laws requiring insurance coverage for deaf or hard of hearing children.

Michaela Kihntopf Age 7

3050 Manitowoc Rd

Green Bay, WI 54311

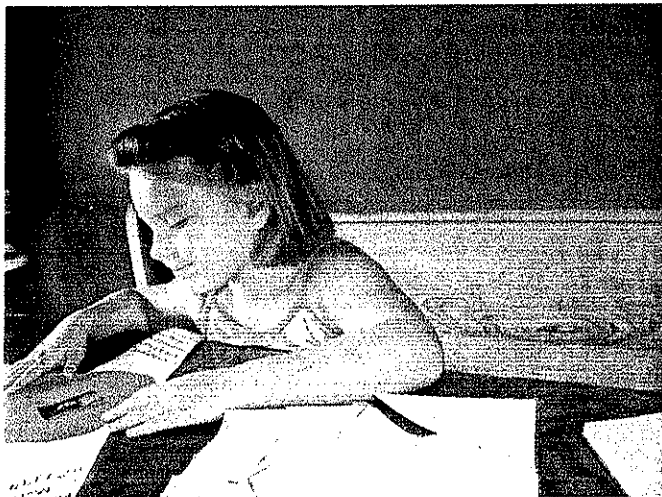
Good (morning, afternoon)

Wisconsin State Senators and Representatives,

My name is Michaela Kihntopf. I am 7 years old. I live in Green Bay Wisconsin. I am here today sharing my opinions and a little bit about me with all of you because I believe Senate Bill 27 and Assembly Bill 16 are important. I received my first hearing aid when I was just a baby. My Mom and Dad found out shortly after I was born that I had one ear that did not work so well. When I was two we found out the other ear was not working so well either. That's when I got my digital hearing aid and a second hearing aid. My hearing aids are very important to me. They help me hear more clearly. At school I wear boots on the bottoms of my hearing aids. My teacher uses a special device called an FM system. She wears a microphone that allows her voice to travel into the boots on the bottoms of my aids and right into my ears. Without this equipment I can't hear as well. My hearing aids allow me to hear cars when I need to cross the street, They allow me to hear my Mom when she says it is time to eat, My hearing aids allow me to hear the

notes on my piano as they float up to my ears. I came here today to represent all the kids who are deaf and hard of hearing in Wisconsin like me. I believe that all children deserve the opportunity to hear. It is our right. I don't think it is appropriate for my Mom and Dad to have to pay so much money every time I need a hearing test or need new hearing aids. Hearing aids are very expensive; mine cost over four thousand dollars. I know that there are kids in Wisconsin that may need Hearing Aids or Cochlear implants and they may not be able to get them because their families cannot afford to pay what the insurance companies don't pay. ALL CHILDREN have the right to access communication through these devices. I wish their Moms and Dads could have come here today too.

My teachers have many goals on my I.E.P. One of those goals is self-advocacy. I am here today sharing my opinions with all of you because even though I am only seven, I already know that I am my own best advocate! Thank You



Good Morning Wisconsin State Senators and Representatives,

My name is Michelle Kihntopf. I am the proud Mother of two little girls. My youngest daughter is 3 years old and is hearing. My oldest daughter, Michaela, is 7 years old and was born with a Unilateral Sensory Neural Moderate Hearing loss in her right ear, Which means the little hair cells in the inside of her right ear were damaged. Michaela was identified at birth with the universal newborn hearing screen. Michaela has a progressive loss. Since birth she has lost more of her hearing. We do not know why this happened or how much more hearing she will lose. She now has a bilateral mixed loss and is aided in both ears. Michaela was fitted for her first hearing aid by the time she was six months old. During those early years it was hard to balance work, the numerous doctor appointments and the therapists' visits to the home and day care. Michaela relies on her hearing aids to gain access to communication, particularly in day to day life, which includes education. We know that every child has a *right* to a Free and Appropriate Education but, is that education available to every child with a hearing loss, if the child can not access the information they need to reach their maximum potential? We have heard the about the cost and the statistics related to hearing loss (see attached facts sheet). I can honestly say that a new pair of hearing aids is going to set our family back. Michaela is ready for a new set of hearing aids and after speaking with her audiologist we are looking at a cost of around \$4500.00 for mid range price. Our insurance company now offers hearing aid coverage of \$1000.00 per ear per year. That leaves us to cover the other \$2500.00 for our family that is two mortgage payments. Our family feels every child in Wisconsin with a hearing loss deserves to have access to communication weather it is hearing aids or cochlear implants it is a child's fundamental right! Thank You

Michelle and Michael Kihntopf  
3050 Manitowoc Rd  
Green Bay, WI 54311



**Williams, Ritch**

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**From:** jeanne gustafson [jeannegustafson@att.net]  
**Sent:** Tuesday, March 17, 2009 1:59 PM  
**To:** Rep.Cullen  
**Subject:** Assembly Bill 16  
**Attachments:** Madeline's letter.doc

Hi,

We are not able to attend the hearing scheduled for Assembly Bill 16 on Wednesday, March 18th. Attached is a short testimony of support for the bill from my daughter, who is hard-of-hearing, and myself. If you could please distribute these to the other Assembly members on the Insurance committee, we would greatly appreciate it. Thank you for your help.

Jeanne Gustafson  
11149 47th Ave.  
Chippewa Falls, WI 54729  
715-720-1439  
[jeannegustafson@att.net](mailto:jeannegustafson@att.net)

3/17/2009

My name is Madeline Gustafson and I'm fourteen years old. I am in eighth grade at Chippewa Falls Middle School. I am active in a couple of sports throughout the year- volleyball, track and softball. I am a straight A student and I like all my classes. Some of my favorite things to do in my free time are listen to my Ipod, go outside (if it is nice out), read books and magazines, and go on the internet.

I've had hearing aids pretty much all my life. I've basically had them since I was four months old. I use them everyday and take good care of them. I like my hearing aids because they are important- they help me hear. Without them it is very hard for me to hear a person talk, unless they speak loudly and clearly. A day would be hard to get by without hearing aids.

Madeline Gustafson  
11149 47<sup>th</sup> Avenue  
Chippewa Falls, WI 54729  
715-720-1439



My name is Jeanne Gustafson and I am the mother of Madeline Gustafson. Madeline was born on February 24, 1995, almost 10 weeks prematurely. She was transferred to an NICU at birth and fortunately, grew and overcame many medical difficulties. At the time, it was routine for the NICU to screen infant's hearing before releasing them to lower level of care nurseries, and Madeline did not pass her hearing screening. After she was transferred to our local hospital, she was more thoroughly tested, and we were told she had a hearing loss. After one more test after her release, we were given the complete results: she has a bilateral loss that is severe to profound hearing at high frequency, moderate hearing loss at medium frequency, and a mild loss at low frequency.

Since there were so many health issues that she had overcome, finding out that she had a hearing loss was to me, manageable, and I was thankful to have her. At four months of age she was fitted with her first pair of hearing aids. Now, to step back a moment, my husband works, although I stay at home, and we have very good, but expensive health insurance. While Madeline was in the NICU, I was informed that we could apply for SSI, which at the time I didn't think we should do, since we had insurance and a decent income. But the social worker let me know that since she was so premature and ill and weighed less than 2 ½ pounds, we should just apply and protect our right, because it was hard to predict what problems the future might bring. As it turns out, my husband's plan covered all medical bills and the co-payments left were accepted as assignment through the medical assistance card that came with the SSI eligibility. So now, four months later, when Madeline was fitted with hearing aids, her medical assistance, which would pay for hearing aids, was still in effect. Thank goodness for that, because of course, my husband's health insurance denied coverage of the hearing aids.

Madeline continued to grow and develop, with some speech and language delays. Since we did not know how well her language would develop, we spoke and signed to her in the beginning. We were taught how to help her focus on our faces and told to talk, talk, and talk to her. She saw speech therapist and Birth to Three teachers, took additional speech therapy at UW-Eau Claire, continued into EEN services and eventually to where she is today, an honor student at Chippewa Falls Middle School. I will never forget speaking to the Special Education Director of our school district who stated that if he were to look at her audiogram only and decide a placement for her, it would be the Wisconsin School for the Deaf. He stated the district had placed other students who actually could hear better than Madeline there in the past. If she had needed that placement, we would have moved there and sent her to that school. But already at 3 years of age, she was catching up to her hearing peers, because her early use of hearing aids and early intervention services.

She has always wanted to use her hearing aids. Putting her hearing aids in each morning and taking them out at bedtime is the first and last thing she does every day. She does not want to be without them. Sending them in for a repair is very hard on her. They are her best and only link to the world of sound. Even with her hearing aids, her hearing still does not fall completely within the normal range of hearing. But because she had them so young and had a great deal of speech therapy and training, she is able to supplement her hearing by lip reading.

As she said in her letter, she is an A student, she was just named student of the month on her class team, a good athlete, a wonderful daughter and sister, and a good friend to her many friends who take the extra time to repeat themselves when needed. She is still under the special education program, so that she can get the equipment she needs in the classroom to help her hear better in class.

She has had two pairs of hearing aids in her fourteen years. Her first pair, which were analog hearing aids and cost about \$1200, was purchased through

her Medical Assistance. The second pair which are digital and cost about \$4000+, were purchased through a charitable program called the Hearing Impaired Kids Endowment Fund (HIKE Fund), which we applied to and had to meet certain financial criteria to be accepted. Now, this year her hearing aids are five years old. I talked with her audiologist and we decided that this would be a good time to get a new set, before they completely wore out. She will be starting high school next year also, and with any technology, hearing aids have advance in the past couple years.

So how do we pay for the new pair that will cost about \$5000 this year? My husband's insurance still does not pay for hearing aids or any of the related charges for ear molds hearing tests, or repairs. If we apply to a charity, there is a long waiting period, and really, shouldn't someone else have a chance at that money since we were approved once already? So, during insurance open enrollment last fall, we set aside \$4000 of our income into the flexible medical expense account. This is still not enough, but we were very leery of having too much in and then losing the money. Our clinic will only take full payment on the hearing aids, so we could not set up a payment plan. So we took the risk that we WILL find the hearing aid she needs this year, and that there is not something new on the horizon, say 2010, that would be even more advanced and appropriate for her type of hearing loss. We have to buy new hearing aids this year or we will lose this money.

These are the problems and choices all families of children who need hearing aids face. If you are employed and have your own health insurance, you are the person who is the hardest pressed: not wealthy enough to buy the hearing aid that you want, when you want it, you do not qualify for a state or federal insurance program that would cover them, nor will you likely qualify for help from the charities that help based on financial need. So what do we do now? We made the decision to set aside money from our income, somehow, because we know that is the only decision to make. My 80 year old father recently called and offered to help pay for them, which I declined. He is not a wealthy man.

Please: I am urging you to pass this bill onto the floors for a vote. There are a very few of us in this situation, but hearing aids mean everything to a child who does not hear well. I always say that my daughter Madeline is the poster child for early intervention. Many people are surprised or in disbelief that she is hard-of-hearing after they talk with her. I wish you could talk to my daughter. She is truly amazing. She/We just need your help on this issue. Please feel free to contact me if you should have any questions on anything we said. Thank you for your time and consideration on this matter.

Jeanne Gustafson  
11149 47<sup>th</sup> Avenue  
Chippewa Falls, WI 54729  
715-720-1439  
[jeannegustafson@att.net](mailto:jeannegustafson@att.net)

**Williams, Ritch**

**From:** Richard Mielke [rickdeblnk@sbcglobal.net]  
**Sent:** Tuesday, March 17, 2009 7:36 PM  
**To:** Rep.Cullen; Sen.Erpenbach; Sen.Lassa  
**Cc:** acheh95@yahoo.com  
**Subject:** Fw: Obama Letter -support SB27/AB16  
**Attachments:** stat3806.jpg; stat4639.jpg; stat5414.jpg; stat3806.jpg; stat4639.jpg; stat5414.jpg

Dear Representative Cullen, Senator Erpenbach, and Senator Lassa -

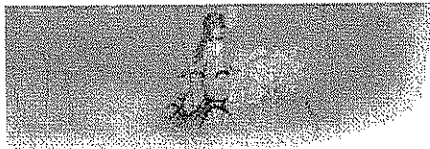
Please see the letter written below by one of my 14 year old hard of hearing students. She wrote the letter to President Obama for a class assignment, but her topic is very appropriate for your committee members to see.

Acheh - great job on this letter!! Thank you for letting me share it with our Wisconsin legislators when they talk about insurance funding for hearing aids tomorrow!

Deb Mielke

--- On Tue, 3/17/09, acheh fonkem <acheh95@yahoo.com> wrote:

From: acheh fonkem <acheh95@yahoo.com>  
Subject: Obama Letter  
To: mielkedebr@asds.k12.wi.us, rickdeblnk@sbcglobal.net  
Date: Tuesday, March 17, 2009, 7:21 PM



Mrs. Mielke,

Here you go. I typed up my letter, my brother helped me with some grammatical errors and I think I am set for you to read and check it some more. Hope you like it!!

Acheh

Dear, Barack Obama,

My name is Acheh-leke Fonkem and I am fourteen years old. First off, I would like to congratulate you on becoming the President of the United States of America.

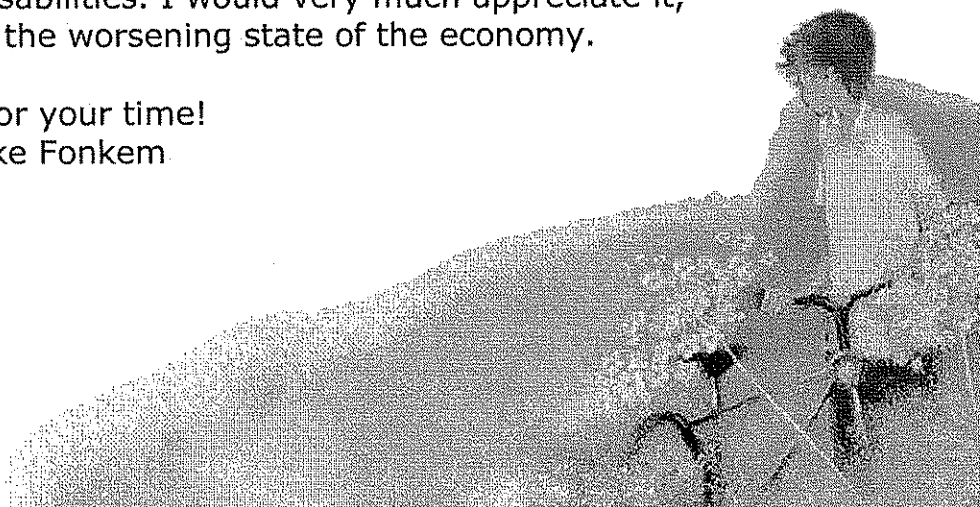
There is something else I wanted to talk to you about. I am hard of hearing meaning I do not hear very well so I

3/18/2009

require the use of hearing aids. Just recently, I aquired new hearing aids last January. Do you know how much they cost? They cost about \$1,630 each. The ear molds I think are around the same cost. The cost of hearing aids have increased. My parents had to pay for them out of their pockets. Fortunately, my audiologists, Dr. Holly Rusch-Clothier and Mrs. Debra Mielke suggested searching for companies that might sponsor us. My parents started calling these companies for a few weeks until we got a letter from one of the companies saying that they approved our request and would give us the money for one hearing aid. So that only left us one more hearing aid to get. My audiologist later on found another contributor. The Lions Foundation. They loaned my parents most of the money for my second hearing aid. They still paid \$200, but compared to the total original cost, it was a pretty good deal.

The reason I am writing to you is that I am wondering if you could look into the hearing aid insurance policy and see if you could reduce the cost of hearing aids fro everyone with hearing disabilities. I would very much appreciate it, especially with the worsening state of the economy.

Thank you for your time!  
Acheh-leke Fonkem



Debra Mielke  
105 Hidden Ridges Way  
Combined Locks, WI 54113  
(920) 788-5431  
Email: [rickdeblnk@sbcglobal.net](mailto:rickdeblnk@sbcglobal.net)

March 17, 2009

Dear Representative Cullen, Senator Erpenbach, Senator Lassa, and members of the Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue:

I am writing in strong support of Senate Bill 27 and Assembly Bill 16 to provide insurance coverage for hearing aids and cochlear implants for deaf/hard of hearing children in Wisconsin under the age of 18. Having worked as an educational audiologist in this state for 22 years, I know first hand the turmoil most families go through; not only in dealing with the grief of their child's permanent hearing loss, but then the frustration and sacrifice that typically accompanies the funding efforts for the necessary treatment (hearing aids or a cochlear implant). While lower income families receive coverage for introductory level hearing aid technology and cochlear implants via Medical Assistance, middle income families with private group or individual insurance plans receive little (\$500 per hearing aid) or NO coverage for hearing aids. Why do we deny coverage for these hard working families? In addition, the moderate-income levels of these "typical" Wisconsin families, prevents them from qualifying for most of the hearing aid assistance programs available through hearing aid organizations or service foundations. For approximately five children per school year, I spend hours contacting funding sources, writing letters, talking to dispensing audiologists, and speaking to service groups in hopes of piecing together funding options for my students who need hearing aids. This applies to students initially identified with hearing loss as well as for each subsequent time that replacement hearing aids are needed (children's aids need to be replaced approximately every 5 years).

As an educator, I feel strongly that "unamplified" (via hearing aids or cochlear implant) time is LOST time for each child. The benefits of early identification (mandated newborn hearing screening) are lost if we cannot get appropriate treatment/amplification for our children. The cost of hearing aids are a fraction of the cost of ongoing special education services that will be needed if a child's speech, language, auditory, and social skills are significantly delayed as a result of hearing loss.

Thank you for bringing this bill back and for accepting public comments. I appreciate your dedication to our children's health and education. I will forward this letter to my legislators as well.

Sincerely,

Debra N. Mielke, M.S.

**Williams, Ritch**

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**From:** The Covert's [iroicovert@wi.rr.com]  
**Sent:** Wednesday, March 11, 2009 8:21 PM  
**To:** Rep.Cullen  
**Subject:** Support Assembly Bill 16

Dear Representative Cullen: Member of the Assembly Committee on Insurance,

I am writing to inform you that despite my absence at the hearing on March 18, I am in full support of the Assembly Bill 16 which would mandate insurance coverage of hearing aids and cochlear implants up to the age 18. Proper hearing is imperative for the academic learning and success of children. Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts. Children with mild to moderate hearing losses, on average, achieve one to four grade levels lower than their peers with normal hearing, unless appropriate management occurs. Children with severe to profound hearing loss usually achieve skills no higher than the third- or fourth-grade level, unless appropriate educational intervention occurs early. The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school. The level of achievement is related to parental involvement and the quantity, quality, and timing of the support services children receive (facts provided by ASHA). With hearing aids costing \$1000-5000 per ear, many parents cannot afford to purchase hearing aids for their children; thus, decreasing future potential of that child. Support Assembly Bill 16 and let **ALL kids hear** without financial detriment to their families!

Sincerely,

Isaac & Rachelle Covert  
N69 W6855 Bridge Road  
Cedarburg, Wisconsin 53012  
#262-375-6915

3/12/2009



Eloise Schwarz  
2533 North 113<sup>th</sup> Street  
Wauwatosa, WI 53226-1215

February 21, 2009

The Honorable David Cullen  
State Capitol Room 216 North  
Post Office Box 8952  
Madison, WI 53708

**RE: Assembly Bill 16 - Insurance for Hearing Aids and Implants**


I am a professional healthcare provider who is concerned about disability issues and am writing to you today to give you my thoughts on the above proposed legislation. This bill would require insurance companies to cover the costs for hearing instruments and cochlear implants for children/youth up to and including 18 years old who are deaf or hard of hearing.

The ability to hear impacts a child's development, acquisition of spoken language, and learning. Hearing aids and cochlear implants are proven interventions to assure that children who are deaf or who have hearing loss acquire spoken language and learn in school. The best time for this is in the first 18 months of life. Without interventions, they have become our 'million-dollar' children in all relevant costs and considerations.

The respective bill – AB 16 is currently in review by the Insurance Committee. Thank you for your continued support for this bill and for your advocacy on behalf of our special children. I look forward to attending future *scheduled public hearings for this worthy piece of legislation.*

Thank you for your time and consideration. We look forward to your quick action.

Sincerely,



Eloise Schwarz, RN, MBA, CCM  
(414) 259-0431 office  
(414) 259-9313 fax  
(414) 807-4373 mobile  
[Eloise6376@wi.rr.com](mailto:Eloise6376@wi.rr.com)

Member of Hearing Loss Association of America  
Member, Governor's Council for the Deaf and Hard of Hearing

**Williams, Ritch**

**From:** Anna Benton [benton@dcemail.com]  
**Sent:** Monday, March 16, 2009 9:36 PM  
**To:** Rep.Cullen; Rep.Molepske; Rep.Ziegelbauer; Rep.Parisi; Rep.Berceau; Rep.Hebl; Rep.Nygren;  
 Rep.Suder; Rep.Vos; Rep.Roth  
**Cc:** Sen.Plale; Rep.Richards  
**Subject:** [Possible Spam] In support of Assembly Bill 16  
**Importance:** Low

Dear Insurance Committee Members and Legislators,

Helena is our only child. My husband and I adopted her when she was 7 months old. Because there were so many other adjustment issues, we did not find out that she had bilateral, permanent hearing loss until January of this year, when she was almost two. She's been wearing hearing aids for around one month now, and is enrolled in Birth to Three, working with a speech therapist on a weekly basis. Her speech is significantly delayed – she has the vocabulary of a typical one-year-old.

After her final hearing test in January, the audiologist leaned over and gave us the diagnosis that shook our world, and in the same breath she told us that insurance wouldn't cover the \$4,000 hearing aids. Talk about adding insult to injury.

Our family doesn't have a large income: I work for local government, and my husband's small start-up business has yet to make a profit. But of course we will scrimp, save, and sacrifice to get our beloved daughter everything that she needs to have a chance at a normal, happy life. What terrifies me is that if we couldn't do this – if we were like so many other families out there without any resources – our daughter might actually have to do without the technology that will hopefully enable her to function. HOW can the insurance companies, which cover treatment for a thousand semi-necessary 'treatments', deny coverage for hearing aids and cochlear implants? How can anybody possibly argue that these are not absolutely bare-bones essential for the development of a child with hearing loss?

As I'm learning now, hearing loss is a devastating diagnosis. My daughter is never going to be able to hear and interact normally in group settings. She's going to have to be extra careful while crossing the street. She might not be able to use a telephone without special equipment. Meals out with friends may leave her feeling isolated and excluded because she won't be able to follow the conversation. It may well inhibit her professional life. But getting her these hearing aids and therapy will give her the best shot she has to overcome all the odds and have a fulfilled life.

If the bill doesn't pass, my family will have to buy 4-6 pairs of hearing aids until she is 18, at a cost of \$4,000 each. That's \$16,000 – \$24,000, out of pocket. Insurance companies have gotten away with denying coverage for essential items like this for too long. Speaking for myself, and for all the many families who have no voice, I hope very much that this bill passes.

Thank you,

Anna Benton, Nikolai Usack, and our daughter Helena

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Washington DC's Largest FREE Email service. ---> <http://www.DCemail.com> ---> A Washington Online  
 Community Member --->  
<http://www.DCpages.com>

3/17/2009

**Williams, Ritch**

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**From:** Patty Coleman [pcoleman@new.rr.com]  
**Sent:** Saturday, March 14, 2009 1:43 PM  
**To:** Rep.Cullen  
**Subject:** Insurance

Representative Cullen,

You are on the committee that will be deciding Senate Bill 27, Assembly Bill 16. It is imperative that this bill pass so that all of the children who are deaf and hard of hearing have an opportunity to have hearing aids and cochlear implants covered by insurance.

I work with two parents who were able to provide hearing aids for one child and cochlear implants for another. These parents were able to give up things and provide for their girls. One is a lovely young teenager with a grade point average of 4.0 and is in mainstream classes not special education. She is delightful and lives a wonderful normal life -- thanks to hearing aids.

The other young girl is only five years old, but she got cochlear implants very young and hears and speaks beautifully. In fact she plays the violin and is also in mainstream classes at school. This little girl has a smile that could stop a battleship and I think she might set the world on fire one day.

My grandmother loss her hearing at five years old and read lips the rest of her life. I would like to see Wisconsin make hearing aids and cochlear implants available for all of the hearing impaired children. Supporting and voting for this to happen is just the right thing to do.

Kind regards,

Patricia A. Coleman

3/16/2009

**Williams, Ritch**

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**From:** bob & arlene ramstack [boarstack@charter.net]  
**Sent:** Sunday, March 15, 2009 12:18 PM  
**To:** Rep.Cullen  
**Subject:** support ab16

Dear Member of the Assembly Committee on Insurance,

I am writing to inform you that despite my absence at the hearing on March 18, I am in full support of the Assembly Bill 16 which would mandate insurance coverage of hearing aids and cochlear implants up to the age 18. Proper hearing is imperative for the academic learning and success of children. Children with hearing loss have difficulty with all areas of academic achievement, especially reading and mathematical concepts. Children with mild to moderate hearing losses, on average, achieve one to four grade levels lower than their peers with normal hearing, unless appropriate management occurs. Children with severe to profound hearing loss usually achieve skills no higher than the third- or fourth-grade level, unless appropriate educational intervention occurs early. The gap in academic achievement between children with normal hearing and those with hearing loss usually widens as they progress through school. The level of achievement is related to parental involvement and the quantity, quality, and timing of the support services children receive (facts provided by ASHA). With hearing aids costing \$1000-5000 per ear, many parents cannot afford to purchase hearing aids for their children; thus, decreasing future potential of that child. Support Assembly Bill 16 and let **ALL kids hear** without financial detriment to their families!

Sincerely,

Robert Ramstack & Arlene Ramstack  
N8592 Linden Beach Road  
Fond du Lac, WI 54937

3/16/2009

**Williams, Ritch**

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**From:** Kemper, John A [kemper5780@mstc.edu]

**Sent:** Tuesday, March 17, 2009 10:35 AM

**To:** Rep.Cullen

**Subject:** AB 16, SB 27

We are writing you to express our SUPPORT AB 16, SB 27, in advance of the public hearing on 3/18/2009. This bill which will enable deaf and hard-of-hearing children to have their hearing aids and cochlear implants, essential medical equipment, covered by private health insurance; is long overdue. Parents of children with special needs face many, many challenges. Having to pay thousands and thousands of dollars in out-of-pocket expenses to pay for this essential equipment is one challenge they should not face.

We are parents of a 15 year old autistic deaf-blind boy. His hearing loss is not correctable by aids or implants, therefore this legislation would not directly benefit our family. John's employer is also self-insured and we understand this legislation does not apply to self-insured companies. However, we have witnessed first hand the financial struggles families have faced paying for implants or aids.

Please vote YES and send this bill on for a vote by the whole body.

Sincerely,

John A. and Linda L. Kemper

210 Nob Hill Lane

De Pere, WI 54115

3/17/2009

*Written Testimony Advocating Insurance Coverage for Children's Hearing Aids & Cochlear Implants - SB 27 & AB 16*

I am writing as a parent of 2 hard of hearing children who have used hearing aids since diagnosis of a congenital defect at birth. Noah, age 9 and Madalen, age 4, have progressed amazingly well with hearing aids and continue to be mainstreamed in the education system and have been able to advance without the need for speech therapy. Without hearing aids Madalen and Noah would not be able to hear most of everyday conversation, but when aided can hear within "normal" limits.

My husband and I both work full time and both carry health insurance, however because hearing aids are not a covered expense, I am painfully aware of the hardships involved in affording these medically necessary devices. To deprive persons with hearing loss of the benefits of technology because of the high cost incurred, is unacceptable. Hearing aids improve the quality of life, and in children, the development of one of the most basic necessities in life...the ability to connect effectively with other human beings.

The last time we had to purchase hearing aids the cost was approximately \$7,200, as each child wears 2 aids at approximately \$1,800 each. In order to provide the best for our children it was necessary for us to take out a loan to pay for this expense, Hearing loss is a very expensive disability and a very common disability with over 10% of the population experiencing hearing loss to some degree. These devices break down after considerable wear and tear, and in children need to be replaced every 4- 6 years on average. Therefore, the cost over a life span is considerable.

Beginning in 1999, the state of Wisconsin mandated all birthing hospitals to conduct newborn hearing screening, but made no revisions to accommodate those identified with needs as a result of these screenings. When emphasis is placed in medical care on detecting major conditions and then no further support is provided for their treatment, effective care is compromised. In young children, language development begins at birth and experiences its greatest opportunity for development from birth to age 5. When residual hearing is not given the opportunity, through amplification, to develop in hearing impaired children it negatively affects their speech and language development, academic capabilities and educational development, self-image and social/emotional development.

In conclusion I ask that you vote to move SB 27 & AB 16 out of these committees, to the floor for a vote.

Sincerely,

Troy, Paula, Noah & Madalen Jacobson  
121 S Cottage St  
Stoddard, WI 54601  
District 96

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**Williams, Ritch**

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**From:** Heun, Mary A [heunma@milwaukee.k12.wi.us]  
**Sent:** Sunday, March 15, 2009 7:42 PM  
**To:** Rep.Cullen  
**Cc:** Sen.Sullivan  
**Subject:** Senate Bill 27 & Assembly Bill 16

Dear Senator Sullivan and Representative Cullen,

I am writing in behalf my family and all others who are in support of Senate Bill 27 and Assembly Bill16...

Myself and my 9 year-old daughter who is hearing impaired, will be in Madison this Wednesday to show our support of these Bills by testifying at the public hearing in front of the Assembly and Senate and I am urging you to support both of them, also. Your support will make a tremendous difference in the lives of thousands of children in WI if these bills are passed.

Thanks you for your time and support.

Sincerely, Mary Heun  
414-445-0254  
[heunma@milwaukee.k12.wi.us](mailto:heunma@milwaukee.k12.wi.us)

3/16/2009

March 6, 2009

Representative David A. Cullen  
Wisconsin State Capitol N.  
P. O. Box 8952  
Madison, WI 53708

Dear Representative Cullen:

I am writing to urge you to support and approve A.B. 16, the Cochlea Implant and Hearing Aid bill. It is so very important that insurance companies be required to cover costs of this.

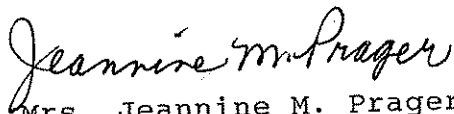
Insurance covers many other birth defects or abnormalities. Why should cochlea implants not be treated as the medical necessity that they are?

Little children can not realize their life potential without being able to hear sounds as soon as possible after birth. Many parents need the help A.B. 16 would provide them.

Financially; learning disabilities caused by deafness have far-reaching ramifications for the state, such as special-ed costs, poor job opportunities --less tax income for government.

Again, I urge your support for A.B. 16. Thank you.

Sincerely,



Mrs. Jeannine M. Prager  
N8 W27947 Northview Rd.  
Waukesha, WI 53188-1919



I'm Heather Schreiber and I'm 19 years old and I was born with a hearing loss. I just recently graduated high school and now going to MATC here in Madison. I'm here to support the hearing aid bill and the reasons why are:

1. Hearing aids cost \$2000-3000 each hearing aid and hearing aids usually only last you every five years or so. The cost can also vary on what type of hearing aids you get.
2. Since the insurance companies wouldn't pay for my hearing aids my parents had to find some way to come up with money to pay for the hearing aids and they ended up using their credit card to pay for it.
3. I don't think that parents choose to have their kids be born with a hearing loss, so why should anyone have to worry about the fact of whether their kid will have a normal life or not, and parents should not have to worry how they are going to get money to pay for the hearing aids so that their kid can hear.



We are parents of a deaf child and also deaf ourselves. Our family is unique. Dad was born deaf, mom is late deafened (became deaf at age 30) and son is hard of hearing. This gives us so very different perspectives on life.

One thing we do agree on is in support of Senate Bill 27 and Assembly Bill 16. This will allow children who are deaf and hard of hearing to get hearing aids covered by insurance.

As parents we want to see children grow up with hearing aids because of the experience it gives them. When our son wears hearing aids he can pick up on words and has accelerated his reading skills. This will help him in the future for getting a job, going to college, and being able to socialize with others. With hearing aids children can pick up and understand sounds, words, and noises, opening up the world to them. This is a great benefit not only now but in the future.

On average you go through a hearing aid once every 5 years. This is something that is used EVERY DAY. For many Deaf it is not something that they wear only when they feel like it. For children going to school it is even more important. To deny that part of education to a child because insurance companies don't want to pay will actually hurt us in the future.

Like other parents we don't want to have to worry about if we can afford to buy hearing aids that benefit our child. They are expensive and we would have to give up other necessities so that he could hear.

Again, please support Senate Bill 27 and Assembly Bill 16.

Thank you for your time.

Ted and Denise Pulfer  
3706 Sunbrook  
Madison WI 53704  
608 234-4474

March 18, 2009

Monica & Ryan Dull  
901 Sunset Bay  
Waunakee, WI 53597  
(608) 850-4278

Hello. My name is Monica Dull. My husband Ryan and I are the parents of Sara Dull who will be 3 years old May 9, 2009. Sara was diagnosed back in 9/08 with a mild to moderate sensorineural hearing loss. Sensorineural means that this hearing loss is permanent. **We SUPPORT Senate Bill 27, Assembly Bill 16**, which will allow children who are deaf and hard of hearing to get hearing aids and cochlear implants covered by health insurance.

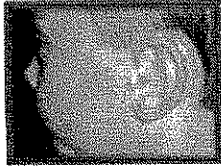
This issue is very important to us because our daughter Sara could not function without her hearing aids. She cannot hear the sound of soft letters as (S, F, TH, etc). Imagine trying to have a conversation with someone without being able to hear these sounds. You would only be able to hear and understand about 40% of the conversation. The first thing Sara says when she gets up in the morning or after her nap is "Hearing in." She knows that with her hearing aids, she can hear much better.

Sara passed her new born hearing screening. Somewhere between birth and 2 years old, she started to loose her hearing. She was diagnosed with a sensorineural hearing loss at 2 years old. We found out through our insurance that her hearing aids were only covered a couple hundred dollars per aid. So that meant that my husband and I had to come up with a few thousand dollars on our own. That was a shock to us to find this money in order for our daughter to hear. We did not qualify for any grants or assistance. So we were on our own to buy the hearing aids out of pocket. When you are raising a family, coming up with 4 thousand dollars is a very scaring place to be.

A fact that is hard for us to deal with is that a sensorineural hearing loss is permanent. It will not get better. At this point we do not know if Sara's hearing will become a progressive hearing loss where her hearing could get worse over time. Having hearing aids covered by health insurance would make the blow of this possibility a little easier to deal with knowing the financial burden would be covered.

Thank you for your time,

Monica & Ryan Dull



## LetKidsHear.org

Home

### Abby's story

Sun, 10/19/2008 - 3:45pm — Anonymous

Our daughter, Abby, was born with profound hearing loss. Detected early in life, we had time to decide what we wanted for our daughter. We struggle with what the future would hold for little Abigail if she could never hear.

At five months of age, Abby received borrowed hearing aids, which helped her detect some environmental noises, but she would never hear the spoken word. Within the next year we were referred to the HIKE Foundation, which so generously raised money so our daughter could have her own hearing aid. At seven months of age, we decided that we wanted to get a cochlear implant for Abby and had high hopes that after her first birthday, she would have surgery. We received a letter of denial from my employer's insurance company. I work in the health care field, and thought the insurance offered would be good coverage for my family. After receiving the denial, we were not going to give up. We appealed but were once again rejected because it was a direct exclusion in our policy. We almost got to the point of taking my employer to court. After researching the health insurance my husband could obtain through his new job, we discovered that his insurance would cover a cochlear implant. I just didn't understand that the insurance I have paid thousands of dollars in premiums could be so cold about helping a child's development. Although the implant would be covered by my husband's insurance, a lot of the other day-to-day health issues were not. As a result, we are paying two premiums in order for my daughter to be able to hear. We have been struggling with just paying our household bills in order to live as middle-class Americans.

The same insurance company that denied my daughter the ability to hear, covered lap banding for an obese individual to lose weight. Weight loss may prevent a lot of health costs down the road, just like proper amplification will prevent significant increased education costs. Why not help the children and help the taxpayers?

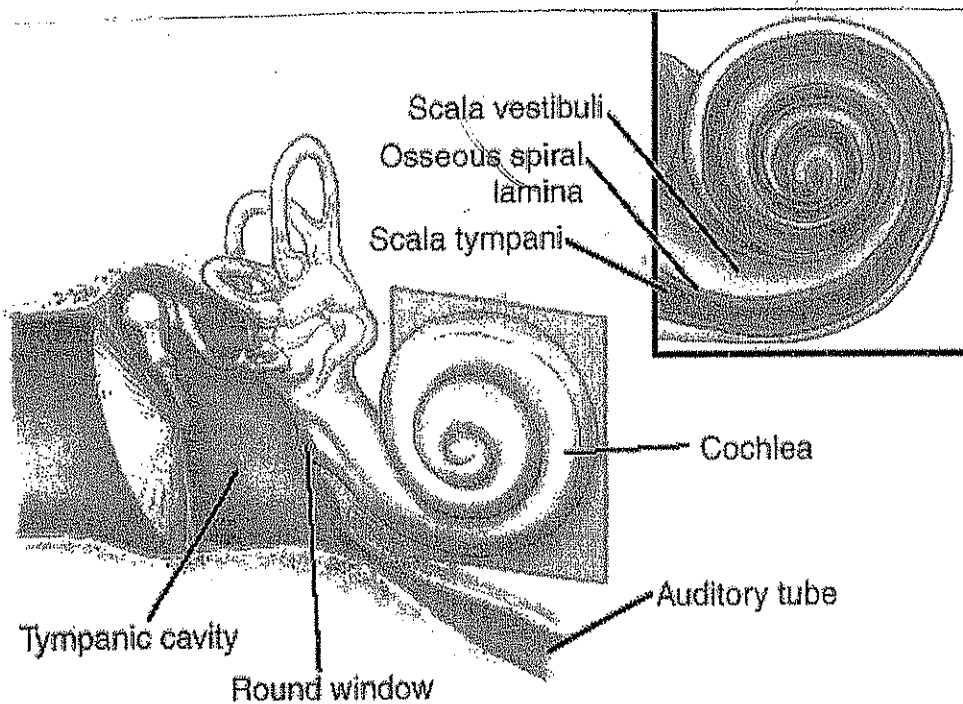
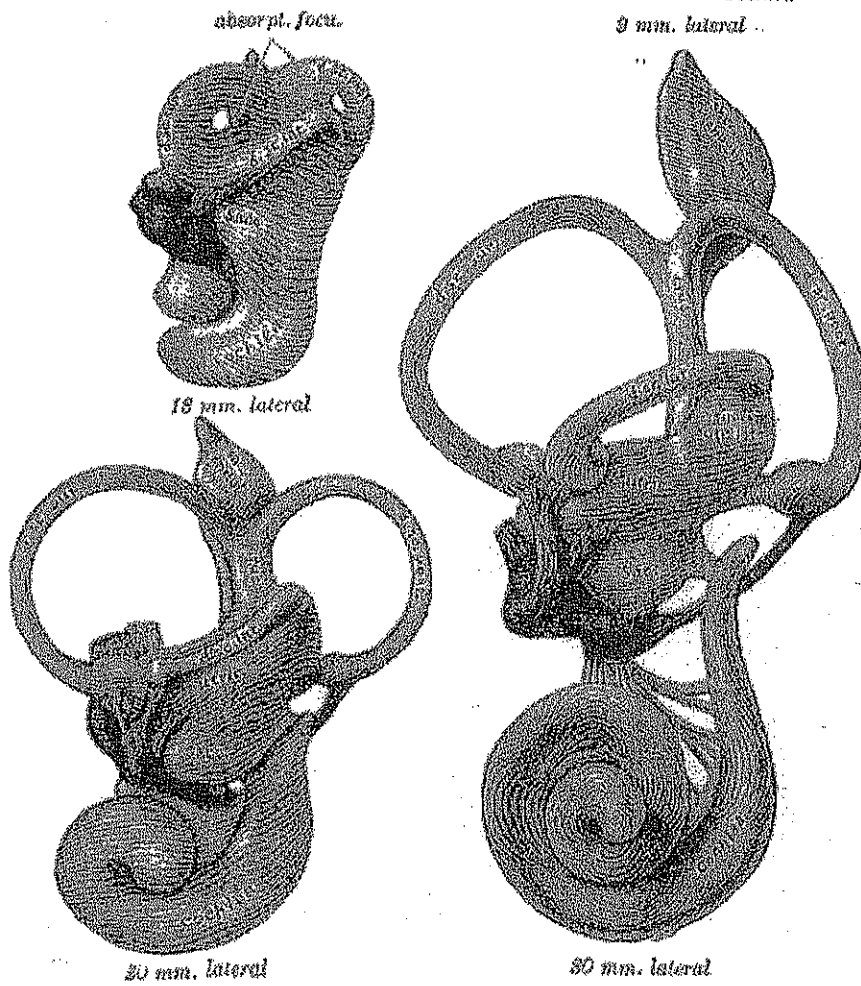
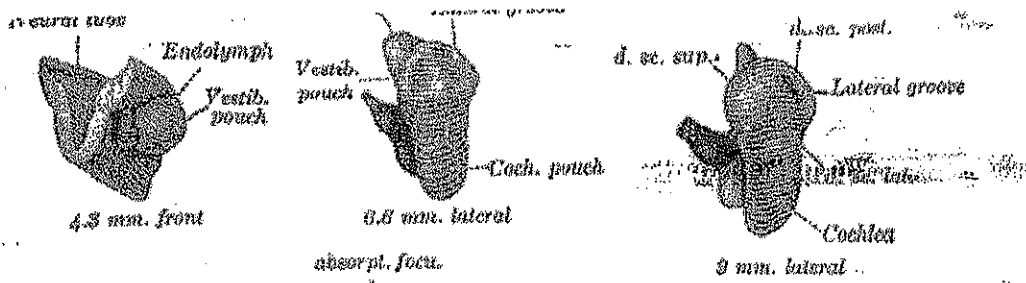
Abigail finally had cochlear implant surgery (three months before her third birthday). It has been almost five months after she received her

cochlear implant speech processor and she is ALREADY detecting so much more than she ever did before. She has said "bye bye ma ma" when I drop her off at preschool. She can tell me some of the sounds that certain animals make. We are hopeful that her speech will develop with time and hard work. It still amazes me that anyone (legislators, insurance companies) would deny a child the opportunity to hear and to help them to develop their speech and language to their fullest potential.

Let us work together on this bill so that families don't have to wait two years for their child to begin hearing more. We lost precious time in Abby's speech and language development, exhausting options and trying to work with my health insurance. These children are our future, let's give them all we can.

Ann and Matt Brensel  
Parents of Abigail

Personal Stories



*Let Abby Hear*

*As a classroom teacher of children with varied degrees of hearing loss for over 30 years, one of the most profound experiences that I'm able to share with children and their families is the development of the sense of hearing. Historically Deaf children born with profound bilateral sensorineural hearing loss often were unable to achieve high levels of auditory comprehension with conventional hearing aids due to the degree of hearing loss, the limitations of a hearing aid, and resultant distortion related to degradation of the auditory signal due to damage in the cochlea. Given Abby's unique cochlear anomaly, the lack of complete development of the cochlea, in addition to the degree of her congenital hearing loss, her ability to utilize her sense of hearing was extremely compromised. Conventional amplification through hearing aid use was insufficient in providing Abby FULL access to speech and meaningful interpretation of environmental sounds..*

*Through cochlear implantation, Abby has the opportunity to learn to listen.*

*By expanding her listening opportunities throughout all waking hours, she now is integrating the sense of hearing into her personality and truly is becoming a five sense learner!*

*For Abby, through implanted hearing this means detecting and responding to sounds within her home, her pet dog, Fletcher barking, her mother running water in the sink to wash the dishes, her father walking through the front door at the end of a work day, her grandmother singing her a lullaby as they rock together .....all sounds were meaningless to Abby before being implanted.*

*For Abby hearing now means at the age of 3 and a half years of age SHE CAN finally turn her head when hearing her name called. This may be one of the most critical life skills Abby has learned since being implanted. She now not only turns to her name, but recognizes the word mommy, daddy, and the names of all of her classmates through her implanted sense of hearing.*

*For Abby hearing now means moving to music when she hears music begin and stop and singing/signing favorite preschool fingerplays with her teacher, her peers and her parents.*

*For Abby hearing now means recognizing different tonal qualities of instruments played by her music teacher and remembering what she's heard.*

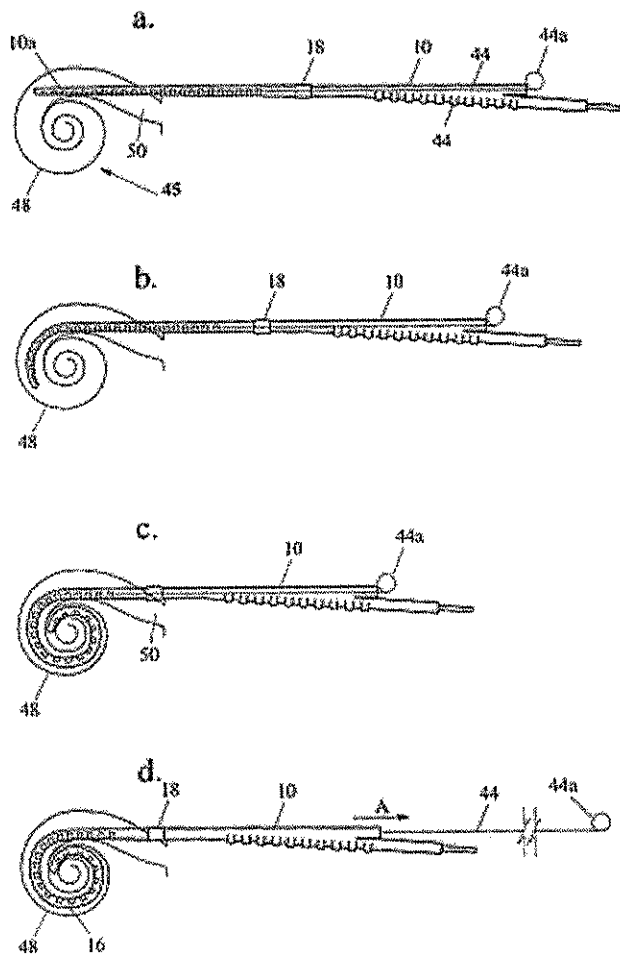
*For Abby hearing now means that she can find familiar voices, mommy's voice, daddy's voice, whispered voices and loud voices.*

*For Abby hearing now means that she can understand first words through her implanted sense of hearing.*

*For Abby hearing provides an additional sensory pathway for seeking and gaining knowledge throughout all waking hours when wearing her implant. This additional pathway supports accelerated learning and higher levels of early phonological sound awareness.*

*For Abby hearing now provides access to speech sounds. Abby is acquiring daily speech sounds that will support the development of spoken language through her hearing. She's learning to produce vowels and consonants by attempting to reproduce the message heard. She is gaining access daily to the foundational skills upon which spoken language will be developed.*





Electrode  
array  
for a normal  
cochlea.